

Proposed Technical Assistance (TA) Delivery Model Program Integration Demonstration Project

This proposed technical assistance (TA) model was developed as a result of meetings held in June 2008 and updated in October 2009. The initial meeting included CDC Project Officers representing categorical chronic disease programs including REACH, Healthy Communities, and WISEWOMAN, the Integration Project Officers and representatives from the pilot states. It was intended to generalize (not compartmentalize) knowledge on state performance and TA needs for those states participating in the Program Integration Demonstration Project.

Principles and Strategies:

- **Points of Contact with CDC**

- State points of contact and their respective state program managers will be given the contact information for their assigned Integration Project Officer (IPO).
- States may continue to contact their current Categorical Project Officer (CPO) *for questions that are highly specific to the unique and component-specific needs of the state* and include the state IPO as a “cc” on those contacts made via e-mail.
- If proactive TA is provided to the state, the IPO or CPO (whoever initiates the TA) should inform the other party to ensure that all CDC staff is informed of CDC dealings in the state relative to the programs impacted by the pilot.
- TA questions and responses may be over the phone, e-mail, in-person or on the web-board. The IPO and CPO should include each other in responses to state questions to ensure that all parties are informed of state issues.
- Each state should hold a state-specific conference call with their IPO on a regular basis.
- The IPO Team should include TA inquiries as an ongoing agenda item during meetings.

- **Multi- State and State-Specific Site Visits:**

- All IPOT members and core management team (at minimum) should attend combined meetings of the pilot states.
- All CPOs involved with the Program Integration Demonstration Project will be informed and are encouraged to attend reverse site visits made by the state to Atlanta.
- The IPOs should make and document at least one site visit to their state per year.
 - The IPO may consult with other IPOs, CPOs, or technical experts to accompany them on site visits (in-person or via conference call) or on calls as needed and as available
 - If a CPO is considering a site visit to a pilot state, the CPO should notify the IPO prior to scheduling the visit for consultation.
 - The IPO may accompany the CPO on a need-based site visit if their participation is deemed valuable in addressing elements of the site visit agenda.

- The IPOs should be briefed on each site visit pre and post to help ensure all team members are up to date on state issues and trends.
- **Provide feedback to all involved or relevant parties as needed to keep them in the loop and to avoid alienation.**
 - Meet quarterly (or as desired) with current CPOs to provide state-specific updates on progress and activities and solicit feedback on IPO-developed TA Plans as appropriate.
 - Provide joint electronic updates and documents (such as applications, workplans, budgets) as appropriate to CPOs for all demonstration states.
- **Operational Considerations**
 - The IPO should ensure that all appropriate CPOs have the opportunity to review applications, reports, workplans and budgets to ensure compliance with existing cooperative agreements and program goals.
 - Relevant experts from within CDC or from other organizations should be utilized as appropriate to meet the needs of the states.